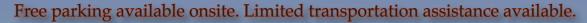
The County of Los Angeles Department of Mental Health American Indian/Alaska Native UREP presents:

American Indian/Alaska Native Mental Health Conference 2012

Weaving Wellness Into Our Spirits

Tuesday, November 6, 2012
8 am to 5 pm

California Endowment 1000 North Alameda Street Los Angeles, CA 90012



This conference is a unique opportunity for professional development and to learn about the mental health needs of American Indian/Alaska Natives. CEUs will be offered.

Seating is limited. Registration is on a first-come first-serve basis. Registration deadline: October 16, 2012

November 6 is Election Day! Please register and vote early! Need to register to vote? Contact Mark Parra (213) 251-6504

Funded by the Mental Health Services Act







For Conference information, please contact Nina Tayyib at (213) 251-6806 or email <u>AIANMHConference@dmh.lacounty.gov</u>

American Indian/Alaska Native Mental Health Conference 2012 "Weaving Wellness Into Our Spirits"



Tuesday, November 6, 2012 California Endowment, 1000 N. Alameda St, Los Angeles, 90012 Registration Form



REGISTRATION INFORMATION: Attendees must be 18 years of age

Last Name:	First Name:		
Street Address:		City:	Zip:
Telephone:	Fax:	Email:	
Affiliation: ☐ Community	Member ☐ Community Age	ncy DMH Contract Provide	er County Staff
Agency/Organization (if a	pplicable):	Work Title (if applicat	ole):
CEU Request: CEUs are pr	esently under review for each	workshop/presentation and not t	finalized.
License Number:			
		LCSW MFT LPT	CAADAC
SPECIAL ACCOMMODATIONS:			
Language Translation/Interpretation Request:			
Spanish Interpretation	(oral) Spanish Translat	ion (written) ☐American Si	ign Language
Transportation Assistance	e Request:		
Only available for con	sumers, family members and	community members. Capacity	is limited.
Location:			
COUNTY EMPLOYEES:	Only Employees of directly o	perated and contracted agencies	s pay a registration fee
Conference Fee: \$20 Make checks payable to: "County of Los Angeles Department of Mental Health"			
Employee Number (Coun	ty only):		
Supervisor's Name (Coun	ty only):	Signature:	
REGISTRATION DEA	DLINE: October 16, 2012	by 5:00 p.m. A confirmation	email will be sent.

Please send registration form via mail, fax, or email as indicated below.

County of Los Angeles Department of Mental Health, Program Support Bureau, QI Division 695 S. Vermont Avenue, 5th Floor, Suite 500, Los Angeles, CA 90005

ATTN: Al/AN UREP Liaison

Fax: (213) 252-8752

AIANMHConference@dmh.lacounty.gov

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